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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                       |                          | Application Number                 |                                      | 09/880097       |                          |                       |              |
|---|-----------------------|--------------------------|------------------------------------|--------------------------------------|-----------------|--------------------------|-----------------------|--------------|
| FEE TRANSMITTAL   |                       |                          | Filing Date                        |                                      | June 14, 2001   |                          |                       |              |
|   |                       |                          | First Named Inventor               |                                      | Anton Wellstein |                          |                       |              |
| For FY 2005   |                       |                          | Examiner Name                      |                                      | D. Kolker       |                          |                       |              |
| Applicant claims small entity status. See 37 CFR 1.27   |                       |                          | Art Unit                           |                                      | 1649            |                          |                       |              |
| TOTAL AMOUNT OF PAYMENT (\$) 620.00   |                       |                          | Attorney Docket No. 102728-P01-004 |                                      |                 |                          |                       |              |
| METHOD OF PAYMENT (check all that apply)  |                       |                          |                                    |                                      |                 |                          |                       |              |
| Check Credit Card Money Order None Other (please identify):   |                       |                          |                                    |                                      |                 |                          |                       |              |
| x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP  |                       |                          |                                    |                                      |                 |                          |                       |              |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                       |                          |                                    |                                      |                 |                          |                       |              |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                       |                          |                                    |                                      |                 |                          |                       |              |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   |                       |                          |                                    |                                      |                 |                          |                       |              |
| FEE CALCUL  | ATION                 |                          |                                    | <u> </u>                             |                 |                          |                       |              |
| 1. BASIC FILING   | , SEARCH, AND E       | CAMINATION FEI           | ES                                 |                                      |                 |                          |                       |              |
|   | Fil                   | ING FEES                 | SE                                 | ARCH FEES                            | EXAMI           | NATION FEES Small Entity |                       |              |
| Application Ty  | pe <u>Fee (\$</u>     | Small Entity<br>Fee (\$) | Fee (\$                            | Small Entity Fee (\$)                | Fee (\$)        |                          | Fees                  | Paid (\$)    |
| Utility   | 300                   | 150                      | 500                                | 250                                  | 200             | 100                      |                       |              |
| Design  | 200                   | 100                      | 100                                | 50                                   | 130             | 65                       |                       |              |
| Plant   | 200                   | 100                      | 300                                | 150                                  | 160             | 80                       |                       |              |
| Reissue   | 300                   | 150                      | 500                                | 250                                  | 600             | 300                      |                       |              |
| Provisional   | 200                   | 100                      | 0                                  | 0                                    | 0               | 0                        |                       |              |
| 2. EXCESS CLA   | IM FEES               |                          |                                    |                                      |                 |                          |                       | Small Entity |
| Fee Description Each claim over 20 (including Reissues)   |                       |                          |                                    |                                      |                 | Fee (\$)<br>50           | <u>Fee (\$)</u><br>25 |              |
| Each independent claim over 3 (including Reissues)  |                       |                          |                                    |                                      |                 |                          | 200                   | 100          |
| Multiple dependent claims   |                       |                          |                                    |                                      |                 |                          | 360                   | 180          |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  |                       |                          |                                    |                                      |                 |                          | 3                     |              |
| x =x  |                       |                          |                                    | Fee (\$)                             |                 |                          | Fee Paid (\$)         |              |
|   |                       |                          |                                    |                                      |                 |                          |                       |              |
| Indep. Claims   | Extra Claims          | Fee (\$)                 | Fee F                              | Paid (\$)                            |                 |                          |                       |              |
|   | · = ,                 | = _                      |                                    | ·                                    |                 |                          |                       |              |
| 3. APPLICATION SIZE FEE  If the provisions and describes exceed 100 chapts of paper (avaluating electronically filed sequence or computer   |                       |                          |                                    |                                      |                 |                          |                       |              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                       |                          |                                    |                                      |                 |                          |                       |              |
|   | ction thereof. See 3  |                          |                                    |                                      |                 | mary) for out in         |                       | ,,           |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |                       |                          |                                    |                                      |                 |                          |                       |              |
|   | - 100 =               | /50                      |                                    | (round up to a who                   | ole number)     | x=                       | ·                     | D-14 (A)     |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  |                       |                          |                                    |                                      |                 |                          |                       |              |
|   |                       | 4054 5.4                 |                                    |                                      | rst month       | 1                        | 120.00                |              |
| Outer (e.g., la   | te filing surcharge): | 1401 Notice of           |                                    |                                      |                 |                          | 500.00                |              |
| SUBMITTED BY  |                       |                          |                                    |                                      |                 |                          |                       |              |
| Signature   | m                     | 1000                     | 7                                  | Registration No.<br>(Attorney/Agent) | 47,874          | Telephone                | (617) 9               | 51-7685      |
| Name (Print/Type) John D. Quisel  |                       |                          | (ratorno)/Agent)                   | · ·                                  | Date            | •                        | 5, 2006               |              |
|   |                       |                          |                                    |                                      |                 |                          |                       | ·            |

| I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box-1450, Alexandria, VA 22313-1450, on the date shown below.  Dated: 5/5/UL Signature: Utilize (Christine M. Colbert) |  |
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